

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KX	70591	7/14/99
O.I.P.E. CLASSIFIER	DW	32	7/19
FORMALITY REVIEW		10008	7-27-99

8-13-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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